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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 7590 06/28/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. John G. Chupa Law Offices of John Chupa & Associates, P.C. Suite 50 28535 Orchard Lake Road indsy Semma. (Depositor's name) Farmington Hills, MI 48334 emm (Signature 10/03/2006 CCHAU2 00000044 10812247 09/26/2006 (Date) 700,00 NP APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 03/29/2004 10/812.247 Henry Krol 579-001 TITLE OF INVENTION: Safety And Accessibility Assembly APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE 09/28/2006 YES \$700 \$700 nonprovisional **EXAMINER ART UNIT CLASS-SUBCLASS** 3634 Thompson, Hugh B 049-502000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Law Offices of John Chupa. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 2\_and Associates, P.C. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. ☑ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1723 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status ☐ b. 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